

MINUTES, OCONEE COUNTY COUNCIL MEETING

The regular meeting of the Oconee County Council was held Tuesday, April 5, 1988 in Council Chambers at 7:00 PM with all Council Members and the County Attorney present.

Members of the press notified (by mail) Seneca Journal, Keowee Courier, Greenville News, Anderson Independent, Westminster News, WGOG Radio, WSNW Radio, WCCP Radio, WZLI/WLET Radio, WYFF TV & WLOS TV.

Press

Members of the press present: Dick Mangrum - WGOG Radio, Sue Nolan - Seneca Journal, Randall Holcombe - Greenville News and Ron Barnett - Anderson Independent.

All other persons who asked to be notified of meetings were also notified by mail.

The meeting was called to order by Supervisor-Chairman Crain who welcomed the guests and media.

Meeting

The invocation was given by Dr. Earle.

Invocation

Mr. Williams made a motion, seconded by Dr. Earle, approved 4 - 0 that the minutes of March 15, 1988 be adopted as presented.

Minutes  
3/15/88

Mr. Dyar made a motion, seconded by Dr. Earle, approved 4 - 0 that the minutes of the special meeting held March 22, 1988 be adopted as printed.

Minutes  
3/22/88

As per the attached request of the Purchasing Director Mr. Dyar made a motion, seconded by Dr. Earle, approved 4 - 0 that for inventory control purposes the dollar amount on office equipment and furniture be \$100 and all other equipment be \$200.

Fixed Assets

Mr. Pete Julian addressed Council concerning a water problem alongside his property from the state roadway and the county roadway. Mr. Julian asked that a ditch be dug alongside the roadway to take care of the water. After considerable discussion Mr. Crain informed Mr. Julian he would notify him when Council made a decision regarding this matter.

Water problem

Mr. Dyar made a motion, seconded by Mr. Williams, approved 4 - 0 that Council accept the attached letter from the hospital as information and extend a good faith offer to the association to negotiate the terms of the lease.

Hospital

Mr. Brandt advised Council if there was litigation, it would take at lease one hundred, twenty (120) days for a judgement.

Mr. Williams made a motion, seconded by Dr. Earle, approved 4 - 0 to take \$450 from contingency to put up a petition to make a canteen area for the courthouse employees.

Courthouse  
Canteen  
(Contingency)

Page 2 - April 5, 1988

Mr. Williams made a motion, seconded by Mr. Dyar, approved 4 - 0 that the work bench which is in the dungeon part of the courthouse be moved to another area.

Work Bench

Mr. Williams made a motion, seconded by Dr. Earle, approved 3 - 1 (Mr. Dyar voting against) that the Clerk of Court's request to house the camera which is used to film deeds and mortgages and a file cabinet in the old election office be granted.

Clerk of Cour

Mr. Harper made a motion, seconded by Dr. Earle, approved 4 - 0 that the attached transfers be approved.

Transfers

Dr. Earle made a motion, seconded by Mr. Dyar, approved 3 - 0 (Mr. Harper out of room) to accept Mr. Ernie Lombard's resignation from the PRT Commission.

Resignation  
PRT

Dr. Earle made a motion, seconded by Mr. Williams, approved 3 - 0 (Mr. Harper out of room) to take \$600 from contingency and place it in line item 10 028 00150 00068, advertising, to cover expenses for the remainder of the fiscal year.

Personnel  
(Contingency)

Dr. Earle made a motion, seconded by Mr. Williams, approved 3 - 0 (Mr. Harper out of room) to take \$370.30 from contingency and place it in line item number 10 007 00150 07240, unemployment insurance, to pay a statement in that amount for errors made by the commission in billing the county.

Unemployment  
(Contingency)

Dr. Earle made a motion, seconded by Mr. Dyar, approved 4 - 0 that the attached request for overtime for the Assessor's Office be approved.

Assessor

Dr. Earle made a motion, seconded by Mr. Harper, approved 4 - 0 that \$895 be taken from contingency and placed in line item number 10 025 00150 00033, postage, to mail delinquent tax notices at the bulk mail rate.

Tax Collector  
(Contingency)

Mr. Williams made a motion, seconded by Dr. Earle, approved 4 - 0 that the attached request to apply for a grant for Rural Fire be approved.

Rural Fire

Dr. Earle made a motion, seconded by Mr. Dyar, approved 4 - 0 that Oconee County apply for a grant in the amount of \$3,000 from Marine & Wildlife to be used for a boat ramp.

Boat Ramp

Dr. Earle made a motion, seconded by Mr. Williams, approved 4 - 0 that Resolution 88-11, "A Resolution Protesting The Closing of The Railroad Between Seneca & Walhalla" be approved on first and final reading.

Res. 88-11

Adjourn: 8:10 PM

*Norman D. Crain* /sq  
Supervisor-Chairman  
Oconee County Council

South Carolina

**Employment Security Commission**



COMMISSION

Frank E. Baldwin, Jr., Chairman  
C. Lem Harper, Vice-Chairman  
Cecil T. Sandifer, Commissioner

EXECUTIVE DIRECTOR

Robert E. "Jack" David

1550 Gadsden Street  
P. O. Box 995  
Columbia, S. C. 29202

March 24, 1988

Oconee County #125556-2  
Public Service Building  
Walhalla, SC 29691

Dear Employer:

During a recent audit of our records it was found that the amount of benefit charges assessed your account was incorrect on at least one or more of the quarterly statements you have received since the second quarter of 1986.

As a result of this finding, we have prepared and enclosed a corrected statement for each quarter issued in error, as well as a copy of the original statement. As you will note, there is a net amount due of \$370.30 as shown on the corrected statement(s). Accordingly, this amount is now due and should be submitted within thirty days from the date of this letter.

If you should have any questions concerning the corrected statement(s), please contact our Benefit Division at 737-2502.

Sincerely,

A handwritten signature in cursive script, appearing to read "H. A. Larson".

H. A. Larson  
Chief of Accounting

HAL/bsm  
Enclosure(s)

**BUDGET ADJUSTMENT AUTHORIZATION**

Revised 03-28-86

DATE March 21 DEPARTMENT Coroner CHANGE NO. \_\_\_\_\_

87-88

IT IS REQUESTED THAT THE FOLLOWING CHANGES BE MADE IN NY ~~85-86~~ BUDGET:

1. TO: Clerk Typist I # 10 - 027 - 00110 - 02761 \$ 300.00  
(fill in line item name) (fill in line code)

FROM: Court Expenses # 16 - 027 - 00150 - 00026 \$ 300.00  
(fill in line item name) (fill in line code)

Justification: To complete pay period

2. TO: Clerk Typist I # 10 - 027 - 00110 - 02701 \$ 200.00  
(fill in line item name) (fill in line code)

FROM: Capital Expenditure # 10 - 027 - 00150 - 00840 \$ 200.00  
(fill in line item name) (fill in line code)

Justification: To complete pay period

3. TO: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

FROM: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

Justification: \_\_\_\_\_

Thomas E. Neuhorn  
DEPARTMENT HEAD SIGNATURE

APPROVED: 4/5/88  
Date of Council Meeting

DATE: MAR 25 1988  
Clerk

[Signature]  
[Signature]  
Alton K. Williams

SUBCOMMITTEE CHAIRMAN  
MEMBER BUDGET SUBCOMMITTEE  
MEMBER COUNTY COUNCIL

**BUDGET ADJUSTMENT AUTHORIZATION**

Revised 03-28-86

DATE 3/31/88 DEPARTMENT Solicitor's Office CHANGE NO. 1

IT IS REQUESTED THAT THE FOLLOWING CHANGES BE MADE IN MY 87-88 ~~87-87~~ BUDGET:

1. TO: Travel out of County # 10 - 016 - 00150 - 00018 \$ 200.00  
(fill in line item name) (fill in line code)

FROM: Professional # 10 - 016 - 00150 - 00025 \$ 200.00  
(fill in line item name) (fill in line code)

Justification: Employees to attend a siminar that was not planned. Funds are needed to pay for meals and gas.

2. TO: Operational # 10 - 016 - 00150 - 00032 \$ 100.00  
(fill in line item name) (fill in line code)

FROM: Professional # 10 - 016 - 00150 - 00025 \$ 100.00  
(fill in line item name) (fill in line code)

Justification: This account has been depleted however several legal publications will still be purchased during this calendar year.

3. TO: Operational # 10 - 016 - 00150 - 00032 \$ 100.00  
(fill in line item name) (fill in line code)

FROM: Court Expense # 10 - 016 - 00150 - 00026 \$ 100.00

Justification: (as above) This account has been depleted, however several legal publications will still be purchased during this calendar year.

W. B. Edwards  
DEPARTMENT HEAD SIGNATURE

APPROVED: 4/5/88  
Date of Council Meeting

DATE: APR 4 1988  
Received by Council Clerk

SUBCOMMITTEE CHAIRMAN

MEMBER BUDGET SUBCOMMITTEE

MEMBER COUNTY COUNCIL

Alton R. Williams

**BUDGET ADJUSTMENT AUTHORIZATION**

Revised 03-28-86

DATE March 21 DEPARTMENT Coroner CHANGE NO. \_\_\_\_\_

87-88

IT IS REQUESTED THAT THE FOLLOWING CHANGES BE MADE IN MY ~~85-86~~ BUDGET:

1. TO: Clerk August I # 10 - 027 - 00110 - 02701 \$ 300.00  
(fill in line item name) (fill in line code)

FROM: Court Expenses # 10 - 027 - 00150 - 00026 \$ 300.00  
(fill in line item name) (fill in line code)

Justification: To complete pay period

2. TO: Clerk August I # 10 - 027 - 00110 - 02701 \$ 200.00  
(fill in line item name) (fill in line code)

FROM: Capital Expenditure # 10 - 027 - 00150 - 00840 \$ 200.00  
(fill in line item name) (fill in line code)

Justification: To complet. pay period

3. TO: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

FROM: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

Justification: \_\_\_\_\_

Thomas E. Nubern  
DEPARTMENT HEAD SIGNATURE

APPROVED: 4/5/88  
Date of Council Meeting

DATE: MAR 25 1988  
Clerk

[Signature]  
[Signature]  
Alton K. Williams

SUBCOMMITTEE CHAIRMAN  
MEMBER BUDGET SUBCOMMITTEE  
MEMBER COUNTY COUNCIL

**BUDGET ADJUSTMENT AUTHORIZATION**

Revised 03-28-86

DATE 3-24-88 DEPARTMENT Motor pool CHANGE NO. \_\_\_\_\_

IT IS REQUESTED THAT THE FOLLOWING CHANGES BE MADE IN MY 86-87 BUDGET:

1. TO: M.P. Operational # 10-012-00150-00032 \$ 700.00  
(fill in line item name) (fill in line code)

FROM: M.P. Gasoline # 10-012-00500-05012 \$ 200.00  
(fill in line item name) (fill in line code)

Justification: To finish 1987-88 Budget year

2. TO: M.P. Diesel # 10-012-00640-06412 \$ 200.00  
(fill in line item name) (fill in line code)

FROM: M.P. Gasoline # 10-012-00500-05012 \$ 200.00  
(fill in line item name) (fill in line code)

Justification: Have fuel heater in rear of shop  
Due to cold weather I did not have enough in budget to cover.

3. TO: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

FROM: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

Justification: \_\_\_\_\_

Lee Davis  
DEPARTMENT HEAD SIGNATURE

APPROVED: 4/5/88  
Date of Council Meeting

DATE: \_\_\_\_\_  
Received by Council Clerk

[Signature]  
Alta K. Williams

SUBCOMMITTEE CHAIRMAN  
MEMBER BUDGET SUBCOMMITTEE  
MEMBER COUNTY COUNCIL

**BUDGET ADJUSTMENT AUTHORIZATION**

Revised 03-28-86

DATE 3/22/88 DEPARTMENT HEALTH CHANGE NO. \_\_\_\_\_

IT IS REQUESTED THAT THE FOLLOWING CHANGES BE MADE IN MY 85 -86 BUDGET:

1. TO: Capital Expenditure # 10-057-00157-00840 \$ 63.00  
(fill in line item name) (fill in line code)

FROM: Office Supply # 10-057-00150-00031 \$ 63.00  
(fill in line item name) (fill in line code)

Justification: To purchase an organizer/sorter to hold the numerous forms which are used in patients' chart.

2. TO: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

FROM: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

Justification: \_\_\_\_\_

3. TO: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

FROM: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

Justification: \_\_\_\_\_

Barbara A. Waters  
DEPARTMENT HEAD SIGNATURE

APPROVED: \_\_\_\_\_  
Date of Council Meeting

DATE: MAR 24 1988  
Received by Council Clerk

SUBCOMMITTEE CHAIRMAN

MEMBER BUDGET SUBCOMMITTEE

MEMBER COUNTY COUNCIL

Alton K. Williams  
[Signature]



**BUDGET ADJUSTMENT AUTHORIZATION**

Revised 03-28-86

DATE 4/4/88 DEPARTMENT CCS CHANGE NO. \_\_\_\_\_

IT IS REQUESTED THAT THE FOLLOWING CHANGES BE MADE IN MY \_\_\_\_\_ BUDGET:

1. TO: Electricity # 10-049-00150-00043 \$ 250.00  
(fill in line item name) (fill in line code)

FROM: Operational Special # 10-049-00150-04933 \$ 250.00  
(fill in line item name) (fill in line code)

Justification: Mr. Blackwell felt sure that \$725.00 would be sufficient but when DHEC said, " the building must be heated plus the water must stay on. This in turn increased the bill as this was not being done.

2. TO: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

FROM: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

Justification: \_\_\_\_\_

3. TO: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

FROM: \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
(fill in line item name) (fill in line code)

Justification: \_\_\_\_\_

George Shaw  
DEPARTMENT HEAD SIGNATURE

APR - 5 1988  
Received by Council Clerk

APPROVED: 4/5/88  
Date of Council Meeting

[Signature]  
Alton K. Williams  
[Signature]

SUBCOMMITTEE CHAIRMAN  
MEMBER BUDGET SUBCOMMITTEE  
MEMBER COUNTY COUNCIL



# OCONEE MEMORIAL HOSPITAL

March 30, 1988

The Honorable Norman D. Crain, Chairman  
Oconee County Council  
Public Service Building  
Walhalla, SC 29691

HAND DELIVERED

Dear Mr. Crain:

On March 28, 1988 the Board of Directors of Oconee Memorial Hospital met to consider the "conditions" set forth in your letter of March 23, 1988, under which the members of County Council would acknowledge that the indenture of lease, dated June 29, 1959, has been renewed for an additional fifteen years.

After careful and deliberate consideration of the "conditions" that you would require the "Board of Oconee Memorial Hospital take", the Lease Study Committee presented its recommendations to the full Board, which were adopted with only one negative vote.

In its presentation, the Committee reported that three of the four conditions would require a fundamental change in the Bylaws under which the Hospital Association has been operating since the inception of the lease and would substantially change the method of representation of its members without their approval. If the true intent of the "conditions" is to encourage even more public participation in the Hospital Association, that is certainly welcomed and endorsed by the Board of Directors, who serve voluntarily and without pay.

Therefore, in order to resolve the matter of the lease without further disruption and expense, the Board of Directors agreed to those conditions which would not require fundamental changes in the Bylaws, and more particularly, that notification be sent to all registered voters of Oconee County prior to the 1989 Annual Meeting of the Association to encourage even further participation in the Association. The notification would include an application for membership for those who wish to join, and information concerning the purposes and goals of the Association.

As far as the remaining conditions in your letter of March 23, 1988, which would require fundamental changes in the Bylaws, a special study committee would be appointed. That committee would make a thorough study of those matters and submit a report along with its recommendations to the Board. That committee would include the County Council Representative to the Board.

It is hoped that the members of County Council will cooperate and vote to rescind those conditions set forth in your letter of March 23, 1988, and acknowledge renewal of the lease so that the Hospital can get on about the business of providing quality health care to the people of our County.

The Honorable Norman D. Crain, Chairman

March 30, 1988

Page 2

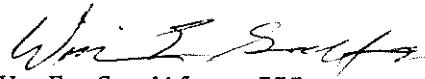
It is regretted that, if this matter cannot be resolved at the next regular meeting of County Council, the Hospital will have no alternative but to immediately seek a Declaratory Judgment to determine if, in fact, the lease was breached as stated in the letter of the County Attorney dated February 3, 1988, in which the Hospital was first notified that the County Council "deems the lease to have been terminated". In this regard, the Hospital Attorney has provided the County Attorney with a statement of the position of the Hospital Association as to those matters which the County Council bases its purported position that "the Lease had already been breached and termination invoked" at the time Oconee Memorial Hospital Association exercised its option of renewal of said lease on November 17, 1987.

Throughout this matter, the Board of Directors have attempted to avoid litigation. However, the matter of the renewal of the lease must be resolved without further delay.

Please notify the Board of Directors of the action of County Council with regard to this matter.

Thanking you and the members of County Council for your prompt attention to, and consideration in this matter, I remain

Sincerely,



W. E. Sandifer, III  
Chairman, Board of Directors

sh

cc: Board of Directors

# OCONEE COUNTY PURCHASING DEPARTMENT

201 West Main Street  
County Mail Room  
Walhalla, S.C. 29691

Purchasing Agent  
Marianne A. Dillard

TO: County Council Members  
FROM: Marianne Dillard *MAD*  
DATE: April 1, 1988  
RE: Request to change dollar amount on definition of  
Fixed Asset

Last year when the auditors were discussing the inventory control of fixed assets, they suggested that we might consider increasing the dollar amount on an item from a flat \$50 to possibly \$100 on office furniture and equipment, and \$200 on other fixed asset items, which would still give us a good control but would cut down considerably on the quantity of items to be tracked.

During the next three months, I am going to be making a concentrated effort to update and computerize our listing of fixed assets. There are a good many items to be added and physically tagged, and now would be an ideal time to change this dollar amount. I therefore request that I be allowed to increase this amount as stated above, effective on any items that have not been listed and tagged to date. This would not, however, affect any items that already have a control number assigned.

Thank you for your considerations of this request.

MAD/jjp

Telephone  
638-4141



*Appalachian*  
COUNCIL OF GOVERNMENTS

50 Grand Avenue • PO Drawer 6668  
Greenville, SC, 29606 • (803) 242-9733

MEMORANDUM

TO: Fire Chiefs

FROM: Sam Cargill, Manager of Grants Services

DATE: March 29, 1988

SUBJECT: Applications - Title IV, Rural Community Fire Protection Act,  
Matching Fund Grants

The S.C. Forestry Commission is now accepting applications for matching fund grants under Title IV of the Rural Community Fire Protection Act. Chartered rural fire departments (under 10,000 population) are eligible to apply. Enclosed is a copy of the application form and instructions for filling it out. The deadline for receiving these applications is April 29.

Mail your application to:

S.C. Forestry Commission  
P.O. Box 21707  
Columbia, SC 29221

If you need assistance in filling out the application, or have questions regarding this program, please contact Miles Knight, State Forester at 737-8800, in Columbia.

# FEDERAL ASSISTANCE

TYPE OF SUBMISSION

(Mark appropriate box)

NOTICE OF INTENT (OPTIONAL)

PREAPPLICATION

APPLICATION

2. APPLICANT'S APPLICATION IDENTIFIER

a. NUMBER

b. DATE Year month day

19 88 3 30

3. STATE APPLICATION IDENTIFIER

a. NUMBER

b. DATE ASSIGNED Year month day

19

NOTE TO BE ASSIGNED BY STATE

4. LEGAL APPLICANT/RECIPIENT

a. Applicant Name Oconee County Rural Fire Control

b. Organization Unit

c. Street/P.O. Box County Mail Room

d. City Walhalla

e. State South Carolina

f. County Oconee

g. ZIP Code 29691

h. Contact Person (Name & Telephone No.) Fant J. Honea 638-4220

5. EMPLOYER IDENTIFICATION NUMBER (EIN)

a. NUMBER 1 0 6 6 2

b. TITLE RCFP

MULTIPLE

7. TITLE OF APPLICANT'S PROJECT (Use section IV of this form to provide a summary description of the project)

State & Private Cooperative Rural Development Act, Title IV Rural Community Fire Protection

8. TYPE OF APPLICANT/RECIPIENT

A - State B - Interstate C - Substate D - County E - City F - School District G - Special Purpose District H - Community Action Agency I - Higher Educational Institution J - Indian Tribe K - Other (Specify):

Enter appropriate letter:  D

9. AREA OF PROJECT IMPACT (Names of cities, counties, states, etc.)

Oconee County, S. C.

10. ESTIMATED NUMBER OF PERSONS BENEFITING

49,316

11. TYPE OF ASSISTANCE

A - Basic Grant B - Supplemental Grant C - Loan D - Insurance E - Other

Enter appropriate letter(s):  A

12. PROPOSED FUNDING

a. FEDERAL	\$ 3,150.00
b. APPLICANT	3,150.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. Total	\$ 6,300.00

13. CONGRESSIONAL DISTRICTS OF:

a. APPLICANT 4th

b. PROJECT

15. PROJECT START DATE Year month day

19 87 10 01

16. PROJECT DURATION Months

12

18. DATE DUE TO FEDERAL AGENCY Year month day

19

14. TYPE OF APPLICATION

A - New B - Renewal C - Revision D - Continuation E - Augmentation

Enter appropriate letter:  A

17. TYPE OF CHANGE (For 14c or 14d)

A - Increase Dollars B - Decrease Dollars C - Increase Duration D - Decrease Duration E - Cancellation F - Other (Specify):

Enter appropriate letter(s):

19. FEDERAL AGENCY TO RECEIVE REQUEST S.C. Forestry Commission

a. ORGANIZATIONAL UNIT (IF APPROPRIATE)

b. ADMINISTRATIVE CONTACT (IF KNOWN)

c. ADDRESS P.O. Box 21707, Columbia, S.C. 29221

20. EXISTING FEDERAL GRANT IDENTIFICATION NUMBER

21. REMARKS ADDED

Yes  No

22. THE APPLICANT CERTIFIES THAT:

To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.

a. YES, THIS NOTICE OF INTENT/PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE

b. NO, PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

23. CERTIFYING REPRESENTATIVE

a. TYPED NAME AND TITLE Norman D. Crain, Supervisor/Chairman Oconee County Council

b. SIGNATURE

24. APPLICATION RECEIVED 19

25. FEDERAL APPLICATION IDENTIFICATION NUMBER

26. FEDERAL GRANT IDENTIFICATION

27. ACTION TAKEN

a. AWARDED

b. REJECTED

c. RETURNED FOR AMENDMENT

d. RETURNED FOR E.O. 12372 SUBMISSION BY APPLICANT TO STATE

e. DEFERRED

f. WITHDRAWN

28. FUNDING

a. FEDERAL	\$ .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	\$ .00

29. ACTION DATE Year month day

19

30. STARTING DATE Year month day

19

32. ENDING DATE Year month day

19

31. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

33. REMARKS ADDED

Yes  No

SECTION I - APPLICANT/RECIPIENT DATA

SECTION II - CERTIFICATION

AGENCY ACTION